

FILED DEC 19 1957

STANDARD CERTIFICATE OF DEATH

45793
STATE FILE NUMBER

318

1003

11945

Registration District No.

Primary Registration District No.

Registrar's No.

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN			c. CITY OR St. Louis TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Mo. Baptist Hosp. INSTITUTION			Length of stay in lb 72 days		d. STREET ADDRESS 4609 Cleveland Ave.
3. NAME OF DECEASED (Type or print) EMILIE EYMAN			4. DATE OF DEATH Dec. 11th 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 25 1899	9. AGE (In years last birthday) 58	10. FUNDERS 1 YEAR Months 10 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Makhiskie			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Paul Eyman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 338-20-1321		17. INFORMANT Address Lee Nora Shearburn 4609 Cleveland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous, generalized, metastatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) from Carcinoma of breast DUE TO (c) 1 yr. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 170x					INTERVAL BETWEEN ONSET AND DEATH 4 mos.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 31 Oct 57 to 11 Dec 57 and last saw her alive on 11 Dec 57 Death occurred at 1:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T. G. Shaker, MD (Degree or title)			22b. ADDRESS 114 N. Taylor St. Louis 8		22c. DATE SIGNED 12 Dec 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 13 1957	23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR A.H. Bocklage 6536 Clayton Rd.			25. DATE RECD. BY LOCAL REG. DEC 12 57		26. REGISTRAR'S SIGNATURE Carl Smith MD m & B.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.